

ADMIRAL INSURANCE COMPANY

6455 East Johns Crossing, Suite 240

Duluth, GA 30097

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Internet: <http://www.admiralins.com>

APPLICATION FOR
TESTING LABORATORIES & CONSULTANTS
PROFESSIONAL LIABILITY
CLAIMS MADE COVERAGE

- A. Please type or print all information, answering all questions.
- B. If space provided for an answer is not sufficient, please answer fully on a separate sheet.
- C. Application must be signed and dated by owner, partner or senior officer.
- D. If firm has less than 10 professionals, attach resume for each.
- E. Attach copy of applicants brochure.
- F. Attach sample client contract **AND** sample test result report.
- G. Attach description of Applicant's 3 largest jobs in the past 2 years.
- H. Attach description of protocol used for testing.

1. Name of applicant _____
2. Address _____
City _____ State _____ Zip _____
3. Is coverage desired for any subsidiaries, affiliates or parent company of applicant? If so, Explain. _____

4. Year applicant was established _____
5. Is applicant a corporation? _____ Partnership? _____ Individual? _____
6. During the past five years has the name of the firm been changed or has any other business been purchased or any consolidation or merger taken place? _____ If so, please give details _____

7. Indicate below the testing/consulting services rendered and the approximate percent of revenues the firm derived from each substance or exposure category.

	Sample Collection	Testing Analysis	Consulting	Percent of Revenues
a. Air Quality	_____	_____	_____	_____%
b. Asbestos	_____	_____	_____	_____%
c. Biological	_____	_____	_____	_____%
d. Chemical	_____	_____	_____	_____%
e. Hazardous Waste	_____	_____	_____	_____%
f. Hazardous Waste Site	_____	_____	_____	_____%
g. Landfill Site	_____	_____	_____	_____%
h. Non-Hazardous Waste	_____	_____	_____	_____%
i. Soil	_____	_____	_____	_____%
j. Potable Water	_____	_____	_____	_____%
k. Ground Water	_____	_____	_____	_____%
l. Waste Water	_____	_____	_____	_____%
m. Workplace Exposure	_____	_____	_____	_____%
n. Other (Describe)	_____	_____	_____	_____%
o. _____	_____	_____	_____	_____%

8. Identify the principal reasons customers purchase applicants testing and consulting services.
- a. Compliance with EPA regulations _____
 - b. Compliance with OSHA regulations _____
 - c. Compliance with local laws _____
 - d. Compliance with other laws or regulations _____
 - e. Request of lender _____
 - f. Purchase or sale of real estate _____
 - g. Community complaints/concerns _____
 - h. Forensic matters _____
 - i. Employee complaints/concerns _____
 - j. Other reasons (please describe) _____

9. a. Number of engineers, scientists and degreed professionals _____
 b. Number of field, workplace and laboratory technicians _____
 c. Number of other employees _____
10. a. If applicant does consulting, explain in detail how Applicant may help client implement corrective or remedial actions recommended by the applicant or required by regulations or others. _____

 b. Name 3 states in which Applicant generates the most fees. _____
 c. Describe any foreign work _____
11. Has the Applicant or any of its subsidiaries or affiliates or its officers, directors or professional staff ever been subject to disciplinary action or suspension by the U.S. Environmental Protection Agency or other governmental authority or professional association? _____ If so, please give details and advise remedial steps taken on a separate sheet.
12. a. Is applicant accredited? _____ If so, by what body or association? _____
 b. Has accreditation by applicant been denied in the past year? _____ If so, please give reasons and advise if another application is pending _____

13. a. Does applicant have a formal Quality Control procedure in effect? _____ If so, attach a table of contents outlining the procedure.
 b. Does applicant have a Record Retention program in effect? _____ If so, please describe. _____

 c. Does the applicant or any of its professional staff certify that a specific client or entity has met the minimum standards required by environmental protection or industrial hygiene law or regulation? _____ If so, please state:
 1. Number of certificates made in past year. _____
 2. The law or regulation containing the minimum standards _____
14. Please advise fees.
- a. Received in last fiscal year \$ _____
 - b. Estimated for this fiscal year \$ _____
 - c. Projected for next fiscal year \$ _____
15. Does any one contract or client represent more than 50% of annual fees? _____ If so, please give details _____

16. Is any of the applicant's work sub-contracted to other firms? _____ If so, does Applicant require such firms to carry professional liability insurance? _____ and/or a hold harmless agreements in favor of the applicant? _____
17. Is the Applicant controlled by or associated with any other firm, corporation or company? _____ If so, please give details _____

18. Please detail present Professional Liability Insurance Coverage.

Insurance Company

Policy Number

Limits

Deductible

Expiring Premium: \$ _____ Expiration Date: _____

Present policy Retroactive Date: _____

19. Is the applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy? If so, please give details:

Insurance Company	Type of Coverage	Limits		Effective	
		BI	PD	From	To

20. Has any applicant for Professional Liability Insurance made on Behalf of the Applicant, any predecessors in business or Partners ever been declined or has the insurance ever been cancelled or renewal refused? _____
If so, please give details. _____

21. Has any claim ever been made against the Applicant or any partner, officer or director? _____ If yes, attach details stating:
1) Date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of claimant; 4) nature of the claim;
5) amount involved including reserves; and 6) final disposition.

22. After inquiry, is the Applicant, and predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstance, which may possibly result in a claim being made against them? _____ If so, attach a statement giving full details.

23. The Applicant agrees that in the event of claims deemed to be covered under the proposed policy, the Applicant will be defended by attorneys appointed by the company.

24. The Applicant acknowledges that the proposed policy will have a deductible clause requiring the Applicant to be responsible for payment of damages, claims and claim expenses up to the deductible amount.

25. The Applicant acknowledges that there will be no coverage under the proposed policy for any claim, which the applicant elects to handle and defend without the Company's consent.

26. a. Policy limit requested \$ _____
b. Deductible amount requested \$ _____

The undersigned declares that the statements and particulars made in this application and any attachments are true and that no material facts have been suppressed or misstated and that this application shall be basis of the contract with the Company. The undersigned agrees to notify the Company of any material alteration of said facts before any insurance is bound by the Company.

Signing of this application does not bind the Applicant or the Company to complete the insurance, but it is agreed that should a policy be issued, this application will be attached and become part of the policy.

Signature of Owner, Partner or Senior Officer _____

Date _____ Title _____